## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # K75304** Apr 13, 2000 8:00 am Secretary of State 1. Entity Name TERRY TOURS, INC. 04-13-2000 90027 010 \*\*\*150.00 Mailing Address Principal Place of Business C/O RICHARD TERRY C/O RICHARD TERRY 16499 NE 19TH AVE STE 106 16499 NE 19TH AVE STE 106 N. MIAMI BEACH FL 33162-4105 N. MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0117755 Not Applicable Country \$8.75 Additional Zip Zio Country 5. Certificate of Status Desired .Fee.Required... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TERRY, RICHARD Street Address (P.O. Box Number is Not Acceptable) 10 5E 3rd AVENUE EXT 2130 NE 171 ST NORTH MIAMI BEACH FL 33162 ANDALE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Defete TITLE TERRY, RICHARD 701 SE 3rd AVENUE EXT HALLANDALE, EL 33009 TERRY, RICHARD NAME NAME STREET ADDRESS 2130 N.E. 171 ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP N. MIAMI BEACH FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE TERRY, JANICE NAME NAME STREET ADDRESS STREET ADDRESS 2130 NE 171 ST CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH EL ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

4/10/00 (305)949-834-